Case 1:0 DER: COMPLETE THIS SECTION DOCUM	COMPLETE THIS SECTION ON DELIVERY Page 1 of 1
complete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. int your name and address on the reverse that we can return the card to you. tach this card to the back of the mailplece, on the front if space permits.	A. Signature X. January Marker Received by (Printed Name) B. Received by (Printed Name) C. Date of Delivery 7/19/88
ticle Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
•	Davil
Roger Reeves B-12 Chattahoochee Court Eufaula, AL 36027	Orders [78] thru 82
	Service Type □ Confified Mail □ Express Mail □ Registered □ Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7 🗆 7	2680 0003 1841 7206

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540